
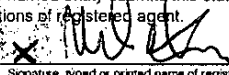
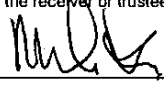


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-18-2006 90027 045 ****50.00

DOCUMENT # L05000121548			
1. Entity Name E-SECURE, LLC			
Principal Place of Business 841 NE 119TH STREET BISCAYNE PARK, FL 33161 US		Mailing Address 841 NE 119TH STREET BISCAYNE PARK, FL 33161 US	
2. Principal Place of Business 1465 NE 138 ST Suite, Apt. #, etc.		3. Mailing Address 1465 NE 138 ST Suite, Apt. #, etc.	
City & State No Miami FL		City & State No Miami FL	
Zip 33161		Zip 33161	
Country USA		Country USA	
4. FEI Number 20-3982673		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLA, GRACE 841 NE 119TH STREET BISCAYNE PARK, FL 33161		7. Name and Address of New Registered Agent Name: MAREK KUZMA Street Address (P.O. Box Number is Not Acceptable): 1465 NE 138 ST City: North Miami FL Zip Code: 33161	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: X 8/10/2006	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELLA, GRACE 841 NE 119TH STREET BISCAYNE PARK, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1465 NE 138 ST No Miami FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUZMA, MAREK 841 NE 119TH STREET BISCAYNE PARK, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1465 NE 138 ST No Miami FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: X 		DATE: X 8/10/2006 DAYTIME PHONE: X 786-333-5038	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	